# KENNEBUNKPORT POLICE DEPARTMENT SUMMER (Temporary) POSITIONS

The Kennebunkport Police Department is seeking applications for summer Community Relations/Municipal Ordinance enforcement positions. These positions include patrolling the areas of Dock Square, Goose Rocks Beach and Cape Porpoise Pier Parking Attendant. Civilians possessing the desire to be ambassadors for the community as well as enforcing the Municipal Ordinances for the Town of Kennebunkport will fill these positions. The duties include but are not limited to parking violation enforcement as well as other town ordinance enforcement, community relations, and general public assistance. Applicants for the positions of Community Relations/Municipal Ordinance must be 18 years of age or older. This positions starting pay is \$14.00 an hour. Applicants for Cape Porpoise Pier Parking Attendant must be 17 years of age or older. This positions starting pay is \$12.00 an hour.

Positions will run from the middle of June to the end of August. Positions may range from 20-40 hours a week, depending on the availability of the candidate. The application process will consist of an interview and background investigation.

Applications and information are available by contacting Deputy Chief Kurt Moses at the Kennebunkport Police Department, 101 Main Street, Kennebunkport, Maine 04046, or by contacting him by telephone at (207)-967-2454 or emailing him at <a href="mailto:kennebunkportme.gov">kennebunkportme.gov</a>. You may also obtain an application on our website at <a href="www.kennebunkportme.gov">www.kennebunkportme.gov</a> under "Employment Opportunities." Applications close April 4, 2016 by 5:00 PM.

The Town of Kennebunkport is an equal opportunity employer.

## Kennebunkport Police Department

101 Main Street Kennebunkport, ME 04046-2720 (207)967-2454

#### **Application for Employment**

#### **Instructions**

Disabled Persons: Reasonable accommodation will be provided throughout the employment process for those who request it. No adverse consequences will result from a request for accommodation.

Please read all instructions carefully and complete all questions to the best of your knowledge and ability. You may be required to substantiate any information provided. Falsification of information may result in rejection of your application and, if employed, may result in disciplinary action up to and including termination.

Submit the original application only. Please clearly PRINT the application in BLACK ink. DO NOT TYPE OR USE PENCIL. Answer all questions: if a question does not apply, write "Not Applicable" or "N/A". You may include a resume or other job related documentation as a supplement to this application. However, you should provide information requested on this application. If additional space is needed, please use a blank sheet of paper.

Employment, driver license and other background verifications will be conducted as necessary for this position. You should notify us of any changes to your name, mailing address or telephone number.

Please remember to sign and date your application.					
	Po	sition Desired	Date of App	lication	
			<u> </u>		
		Pers	onal Data		11000
Last Name	First	Middle			
Hava van aver b	een known or emp	loved under en-	othou nous 2 [ ] 3	VEC L I NO	
mave you ever be	cen known of emp	loyed under any	other name: [ ] 1	res[] NO	
If yes, under wh	at name(s)?				
Home Address (S	Street Address)	City	State Zip	)	
·	·	v	•		
Mailing Address	(If other than stro	eet address) City	State	e Zip	
	(11 other than str	ict address; City	State	; Zip	
TET 9 1 3 4 4	4				
Telephone Numb	per (Area Code)	Alteri	nate Number	Social Security	Number
A LIG C'	C 0 1 3 2 10 C 1	. NO			
Are you a US Ch	tizen? [   YES	l NO			

### **Employment History**

Please give complete name, address and telephone number of all employers (including Military) for the past 10 years. Use an additional sheet if necessary. Explain all gaps in employment.

Phone Number: _	
Job Title:	
to:	
Wage:	Per:
scharged, relocated, et	c.):
Phone Number:	
Job Title:	
to:	
Wage:	Per:
	<del></del>
scharged, relocated, et	c.):
Kennebunkport?     Y	es [   No
Town of Kennebunkp	ort? [   Yes     No
	Phone Number:

## **Education and Training**

Have you graduated from High School or obtained a general equivalency diploma (G.E.D.)? [ ] Yes [ ] No					
If no, what is the highest grade completed? 123456789101112	If no, what is the highest grade completed? 123456789101112				
Name of High School or institution Location (City, State)	Year				
Name of College Dates Credit or University & Address From/To Hours Major D	egree Date				
Use an additional sheet if necessary	,				
Other Education / Training (Additional training, certifications, licenses,	, etc.)				
Police Applicate Out					
Police Applicants Only:					
Have you completed the Maine Reserve Officer Program? [ ] Yes [ ]  If yes, Certificate Number, Location and Date:	No				
Have you taken the Maine ALERT Test? [ ] Yes [ ] No					
If yes, where, when and the Test Score (Please attach copy):					
Are you now or have you ever been a member of any law enforcement as [ ] Yes [ ] No	gency:				
If yes: Agency name and dates employed:					
Do you speak any foreign languages? [ ] Yes [ ] No If so what?					

Have you ever been convicted of a felony	y crime? [ ] Yes [ ] No
If yes, please give Date of Conviction, Cl	harge, Court & Location:
Have you ever been convicted of the mis	demeanor crime of domestic violence under State or Federal Law?
If yes, please give Date of Conviction, Cl	harge, Court and Location:
Have you ever been charged with a dom- plea-bargaining where the net result was charge dropped? [ ] Yes [ ] No	estic violence crime in this or any other state and engaged in any s a plea to another charge in order to have the domestic violence
If yes, please give Name of the Court, Sta	ate, Date, Original Charge and Reduced charge pled to:
Note: If you have been convicted of a mi you are prohibited from carrying a firea	sdemeanor charge of domestic violence in this or any other state, arm.
	References
Please provide us with a list of five (5) po of your qualifications for the position yo	ersons who are not related to you and who have definite knowledge ou are applying.
Name:	How Known:
Mailing Address:	
	Night Telephone Number:
Name:	How Known:
Mailing Address:	
	Night Telephone Number:

Name:	_How Known:
Mailing Address:	
Day Telephone Number:	Night Telephone Number:
	How Known:
Mailing Address:  Day Telephone Number:	Night Telephone Number:
Name:	_How Known:
Mailing Address:	
Day Telephone Number:	_Night Telephone Number:
Additi	ional Information
Have you been told the essential functions of the listing the essential functions of the job? [ ] Yes	job or have you been shown a copy of the job description [ ] No
Can you perform these essential functions with o	or without reasonable accommodation?
Are you able to work shift work? [   Yes     No If No, please explain:	
Are you able to work overtime? [ ] Yes [ ] No If No, please explain:	

### **Notice to Applicant**

Only police applicants need to complete the Driver's License Information. Do not answer any question below if you are an applicant for a dispatcher or civilian position. Police positions require the information to verify the compliance with a bona-fide job qualification. A "Yes" answer to any of the questions checked will not necessarily disqualify you for employment. A decision will be made on a case-by-case basis.

Driver's License Information
Do you have a valid Driver's License? [ ] Yes [ ] No Class:
Driver's License Number:
List Name Exactly as listed on License:
List State of Issue and License Number if out of State:
Has your license ever been revoked or suspended or have you ever been denied a license? [ ] Yes [ ] No
If Yes, Please explain:
Do you have any pending traffic citations? [ ] Yes [ ] No
If yes, please explain:
Have you been convicted or pled nolo contendere (no contest) or admitted to a moving traffic violation within the past three years? [ ] Yes [ [ No
If yes, list date, Location (County & State), Type of Offense and disposition:
I hereby certify that the facts I have provided above are true and complete to the best of my knowledge.
Applicant's Signature:
Date:

#### **SIGNATURE**

(Please read the following carefully and then sign below)

I hereby declare that the information provided by me in this Application for Employment (and in any accompanying resume) is true, correct and complete to the best of my knowledge. I authorize the TOWN OF KENNEBUNKPORT, MAINE (or its designee) to investigate my past and present employment, education and activities and verify all data provided by me on this application, on related papers and in interviews. I authorize all individuals, schools and/or firms named herein (except my current employer, if so noted) to provide any information requested about me. I release from all liability any persons, companies, corporations or educational institutions supplying such information. I release the TOWN OF KENNEBUNKPORT, MAINE (or its designee) from any and all liability resulting from the verification of such information. I understand that any false statement or material omission on this application, or on any supporting documents, shall be grounds for non-hire or discharge, regardless of when discovered by the TOWN OF KENNEBUNKPORT, MAINE.

I understand that this employment application, or the granting of an interview, does not represent a contract of employment or a promise of future benefits by the TOWN OF KENNEBUNKPORT, MAINE, I further understand that there is no guarantee that the TOWN OF KENNEBUNKPORT, MAINE will be able to place me with one of its clients. If I am hired by the TOWN OF KENNEBUNKPORT, MAINE, I understand that my status will be that of an employee-at-will, meaning that I will have no contractual right, express or implied to remain in the TOWN OF KENNEBUNKPORT, MAINE'S employ. I further understand that, if I am hired, my employment can be terminated, with or without cause and with or without notice at any time, at the option of the TOWN OF KENNEBUNKPORT, MAINE or me. Notwithstanding the foregoing, the terms of any collective bargaining agreement will apply to any applicant hired to work in a position subject to a collective bargaining agreement. I also understand that no representative of the TOWN OF KENNEBUNKPORT, MAINE has the authority to enter into any oral agreement for employment for a specified period of time or to make an oral agreement contrary to the foregoing.

I understand that if I am offered employment at the TOWN OF KENNEBUNKPORT, MAINE, I will be required to provide evidence of my identity and authorization for employment in the United States.

I understand that the TOWN OF KENNEBUNKPORT, MAINE may require a physical examination and/or drug and alcohol screening as a condition of employment and at any time during my employment to the extent permitted by law.

I understand that if I am hired by the TOWN OF KENNEBUNKPORT, MAINE and my employment subsequently ends, the TOWN OF KENNEBUNKPORT, MAINE may provide information about my employment to persons in response to job reference requests, and I hereby consent to such disclosures.

MY SIGNATURE BELOW ATTESTS TO THE FACT THAT I HAVE READ, UNDERSTAND, AND AGREE TO BE LEGALLY BOUND BY ALL OF THE ABOVE TERMS.

Signature of Applicant	. <u> </u>	Pate